



## Instructions for Completing the MIRCal Designated Agent User Registration Package

To access the Office of Statewide Health Planning and Development's (OSHPD) Medical Information Reporting System for California (MIRCal), all potential users at your Designated Agent facility must first complete and submit a completed MIRCal Designated Agent User Agreement.

It is the responsibility of the **primary** Designated Agent contact to read these instructions and return the completed MIRCal Designated Agent User Agreement to OSHPD for <u>each</u> MIRCal user within their facility. Please complete the following steps to register for MIRCal:

- 1. Determine who your MIRCal users will be.
  - Each Designated Agent may designate as many as three MIRCal users.
  - Designated Agents will have access to submit and retrieve the status of data submissions through MIRCal but will
    not have access to make corrections to data on the behalf of hospitals.
- 2. Once the MIRCal users are determined, read and complete the MIRCal Designated Agent User Agreement for each MIRCal user within your facility. Make additional copies if necessary.
- 4. The primary Designated Agent contact must sign and approve the agreements.
- 5. Make a copy of the completed forms for your records. Mail the original to:

Office of Statewide Health Planning and Development Patient Discharge Data Section 818 K Street, Room 100 Sacramento, CA 95814

## **Contact Information**

Phone (916) 324-6147 Fax (916) 322-9555

E-mail mircal@oshpd.state.ca.us

The <u>original</u> must be sent and received before OSHPD can complete the processing of your forms.

Upon receipt and verification of these forms, OSHPD will confirm your enrollment by phone and provide you with MIRCal user IDs, passwords and the web-site address for MIRCal Data Submission.

The Hospital Administrator at each facility you represent must complete and sign the Agent Designation and Certification Form (OSHPD 1370.3) approving your company to submit data on their behalf. Usernames and passwords will not be assigned to a Designated Agent until this form is completed, signed and returned to OSHPD.